

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

107960431104

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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27	1					
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48						
49						
50						

TOTAL IND.

1

TOTAL DEP.

18

TOTAL CLAIMS

20

TOTAL IND.

1

TOTAL DEP.

18

TOTAL CLAIMS

20